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THE

MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO MEDICINE & SURGERY

VOL. XVIII HALIFAX, NOVA SCOTIA, SEPT. 1906. NO. 9

SEP 10
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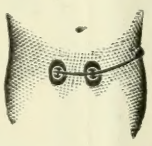

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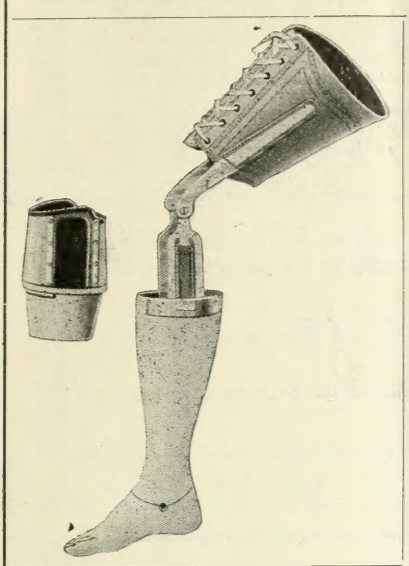

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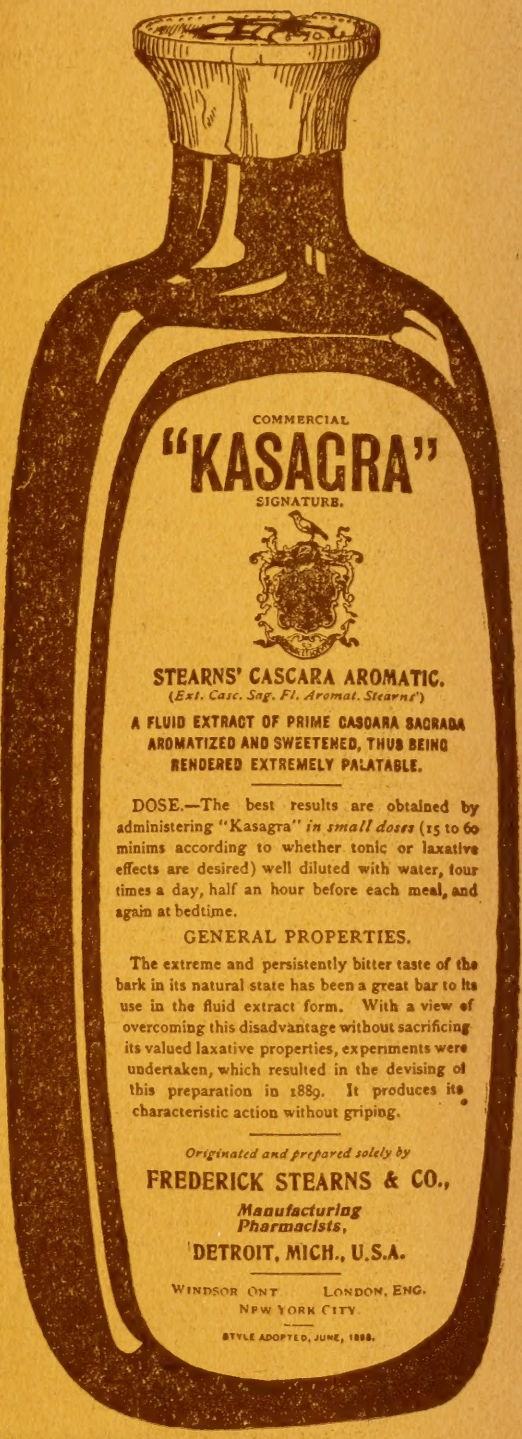
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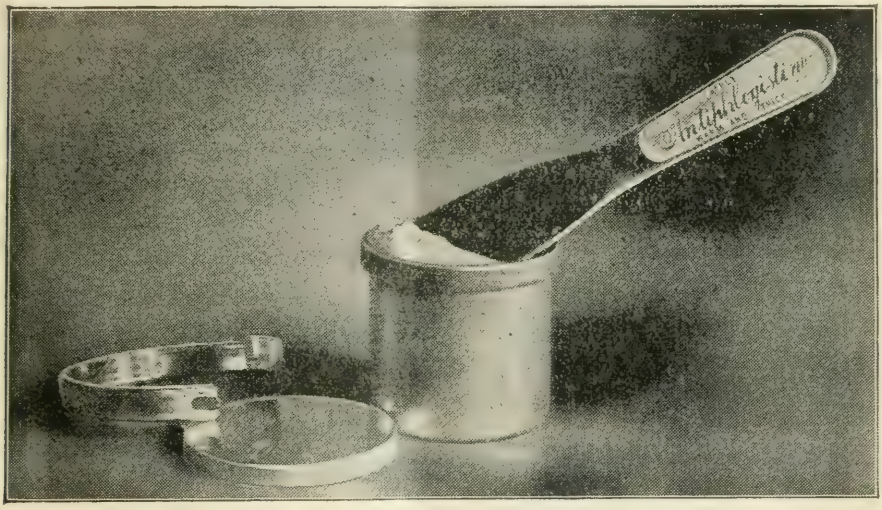

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VOL XVIII, *SEPTEMBER, 1906*, No 8

Opsonic Index in Tuberculosis. Grace-Calvert (*British Medical Journal*, July 6th,) sums up our knowledge regarding the opsonic index in tuberculosis as follows: (1) In slight early cases it is about normal. (2) In acute cases it fluctuates greatly from day to day. (3) In chronic cases it is below normal. (4) In sanatorium cures it is variable.

Standard Scale for Catheters. At a meeting of the American Surgical Trade Association held in Philadelphia, June, 1906, it was resolved that after January 1st, 1907, the trade adopt the French scale for all catheters, bougies and sounds.

A committee was appointed for the purpose of getting up a proper and accurate French scale card.

Mysteries and Sources of Suicide. George M. Gould contributes a paper under this caption to the *Medical Record* (Sept. 8, 1906), in which he analyses statistics of suicide gathered from various sources, criticizes the commonly accepted ideas as to reasons for suicide, and sets forth that at the bottom of the disposition to self-destruction there nearly always lies an uncorrected eyestrain, which has produced so much physical discomfort or actual illness as to actually bring the patient to meditate or attempt suicide.

Ectopic Pregnancy. In the *Medical Record* for June 23rd, appears an article by Hiram N. Vineberg, recording an experience based upon 53 operative cases of ectopic gestation. The patients varied in age from 22 to 41 years. Six were primiparæ. The cardinal symptoms are set down as more or less prolonged stoppage of menses, followed by irregular bleeding from uterus and pain in the abdomen. The diagnosis, while sometimes difficult, is not often impossible. There should not be undue haste about operating, but it is unwise to leave a large quantity of blood in the abdominal cavity. There should be complete arrest of hæmorrhage before the abdomen is closed.

Fruits and Nuts as Foods. The agricultural department (*Scientific American*) has for several years been conducting experiments to determine the dietetic value of certain foods. Fruits contain but little proteid and nuts are relied

on in this plan of eating to balance the ration. Fruits are rich in carbohydrates, and nuts contain fats. A pound of peanuts, which costs seven cents, furnish 1,000 calories of energy at the cost of three and one half cents. The average price per pound of the proteid from nuts ranks higher than the corresponding average of meats, but the cost per pound for peanut proteid is lower than for meats, eggs, milks, dairy products, and prepared cereals. Although peanuts supply protein and energy for a smaller sum than bread, they are out-ranked by dried beans, which at five cents per pound, will supply for ten cents, over two hundred grammes of protein and 3,040 calories of energy.

The Desmoid Reaction. A year or more ago a test was described by Sahli, which he considered to afford an accurate means of estimating the secretory power of the stomach without necessitating the passage of the tube. A small gutta-percha bag, containing methylene blue, iodoform or salol, and tied firmly with catgut, was administered with the mid-day meal. Sahli contended that catgut is digested only in the stomach, and that the prompt, slow or delayed appearance of pigment in the urine after the test, indicated hyperacidity, normal acidity or subacidity, respectively. Articles have been contributed to recent issues of *Deutsche medizinische Wochenschrift*, by Max Einhorn and by Alexander and Schlesinger, which go to show that Sahli's contentions are not well founded, that catgut may pass the stomach to be dissolved in the bowel, and that in the stomach it may be digested even in the absence of free hydrochloric acid. The uncertainty of the reaction, therefore, renders the test practically valueless.

Wounds of Lung. Tuffier (*Bull. et Mem. de la Soc. de Chir. de Paris*) states that his large experience with gunshot wounds of the lung has convinced him that in most instances operative procedures are unnecessary, and that recovery usually follows aseptic occlusion of the external opening and rest treatment. Should there be indications of infection of an effusion of blood into the pleural cavity, or should the condition of the patent be grave and perplexing, it would be advisable to operate. In the discussion of Tuffier's paper, Delorme advised more active treatment in certain cases. He would, for instance, at once open the chest in cases of profuse primary hæmorrhage, or even in cases of moderate but not readily controlled hæmorrhage, and endeavour, by suture or pressure, to check the loss of blood. Michaux contended that surgical intervention should be rarely practiced in wounds of the lung, but that it would be justified in the case of a wound near the pulmonary hilum.

Treatment of Tumours by Ferments. *La Presse Medicale* (June 30, 1906) contains an account by Odier of the work he has recently been doing in the experimental treatment of tumours by glycolytic and pancreatic ferments. He has found that in certain pathological conditions, and notably in malignant new growths, there is an increased amount of glucose in the tissues. Believing that the character of a tumour is to some extent dependent upon the diathesis of the patient, he conceives that modification of such diathesis shall be considered in the treatment. Investigation of a variety of animals suffering from a variety of neoplasms (sarcoma, carcimoma, papilloma) demonstrated diminution of the glycolytic and pancreatic ferments in all cases. Consequently he supplies the lack of these ferments by injections, and, in the animals thus far experimented on, has in all cases succeeded in preventing further development of the disease, while in several instances there has been notable reduction in the size of the tumour.

Scopolamine-Morphine Anæsthesia. Whitacre (*Medical Review*) bases his conclusion upon forty cases of anæsthesia, upon animal experimentation, and upon a review of all deaths that have been reported in the literature up to the present time. He concludes: (1) That scopolamine-morphine narcosis is not devoid of danger. (2) The use of scopolamine-morphine alone for surgical narcosis is not justifiable, and in his experience is not practicable. (3) A single dose two hours before the operation lessens the discomforts attendant upon the operation to a high degree, and may obtain a definite place in surgical practice. (4) Four deaths have occurred in twenty-four hundred cases. (5) Heart failure was given as the direct cause of death. (6) A fatty degeneration of the liver and kidney has been produced by repeated doses of scopolamine alone, and the scopolamine-morphine combination, in animals. (7) This method of producing or assisting narcosis cannot be recommended for use in general practice, in spite of the great advantage it seems to offer.

Pleurisy and Pulmonary Tuberculosis. Henry Farnum Stoll calls attention to the intimate relationship between pleurisy and tuberculosis of the lungs. After reporting the history of a number of cases observed at the Hartford Hospital, (*Medical Record*, September 8, 1906) he concludes that all effusions within the pleural cavity are to be considered grave, as a large majority of them are of tuberculous origin. Although a positive history is most important, a negative one is valueless in excluding tuberculosis. According to Osler, there are three groups of

serous effusions: pyogenic, metapneumonic, and tuberculous. In the absence of a pneumonia or a septic condition he considers the very presence of a pleural exudate sufficient to raise the question of tuberculosis. Patients with pleuritis should be told that the affection is probably due to the tubercle bacillus. They should be assured that they will get well, but they should be warned to take especial care of their health for a number of years.

Shock. Lucy Waite states (*Medical Record*, September 8, 1906) that the phenomena of shock manifest themselves through the tripod of vital forces, the nervous, circulatory, and respiratory systems, and principally in those organs most highly supplied by the sympathetic system. The intensity of physical shock is influenced by the extent of the injury, the nearness of the traumatism to the solar plexus, the character of the injury, and the severity of the pain produced. The diagnosis of shock is the recognition of the clinical phenomena. Practically the only difficulty lies in differentiating this condition from syncope, caused by severe hæmorrhage. The physician should never be content with a diagnosis of shock until every possibility of hæmorrhage has been excluded. As to prognosis, temperature is in general the best guide. A persistence of 96° or below for several hours warrants an unfavorable prognosis. The writer concludes by discussing the treatment of shock.

Medical Inspection of School Children. It seems that the city schools are about to open with no provision yet for the systematic medical inspection of the scholars which was projected so boldly last Spring. The physicians chosen did not consider the indemnity voted them sufficient, and so did not get to work, and the deadlock still exists.

Certainly something should be done at once to set the system working. Either the demands of the physicians ought to be met, or other physicians secured. If the money is sufficient for the time and skill required, then competition will surely bring out some doctors who will undertake the task, while if no fit men will apply, then obviously more money should be set aside for this purpose.

This is not a matter to be played with. If one epidemic in a single school can be headed off, the city will be amply repaid for the funds devoted to this purpose. As a matter of fact, many a child would be protected from overworking a feeble frame by timely and regular inspection. Incipient tuberculosis could be detected and the life of the child saved, to say nothing of the other children who

would be removed from the peril of contagion. The City Council must not gamble in the health of the children. This is a point at which it is criminal to save money. —*Montreal Star.*

❦

Individual Health Inspection. L. F. Bishop, New York (*Journal American Medical Association,* September 1), advocates the practice of health inspection of individuals generally, to detect disease or defects that may endanger health before it becomes difficult to remedy. Hundreds of lives, he says, are lost and thousands of days of disability because of the lack of such foreknowledge. The examination should be thorough, complete, and necessarily technical, in its nature, demanding special skill, and for this reason he suggests the organization of co-operative clinical laboratories for this purpose, where men trained in the technicalities of chemical and microscopic research can do the work for the actual practitioners. It should be a place where the older physicians in practice can meet and discuss the technicalities with the younger men and the significance of things with their fellows, and thus make clinical pathology a practical matter to all practitioners. He believes that patients will learn to submit to this system in larger numbers as it becomes better known, and the public can be educated to employ its physicians to watch the health of the individual in the same way as they are expected to watch over the health of the community.

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Present Status of Appendicitis. R. C. Coffey contributes a paper to the *New York Medical Journal,* (Aug. 18, 1906) in which he deals with the responsibility of the family physician in appendicitis cases. He urges early diagnosis and prompt reference to a competent surgeon. Analysis of the statistics of a large number of hospitals show that the average death rate from this disease in hospitals is 7.4 per cent., but that the recovery rate is in direct proportion to the experience of the operators. Thus, while in 48 hospitals in which the number of operations for this disease was less than 25 during the year, an average mortality rate of 13.7 per cent. was reached, 41 hospitals having each more than 100 cases under treatment in the year averaged a death rate of but 6.3 per cent. Ochsner, who had 1000 cases in three years, had but 2.2 per cent. of fatalities, and the Mayo Brothers record only 1.9 per cent. of deaths out of their 404 cases during the year 1903, and but .9 per cent. of their 536 cases during 1904. The value of experience is thus clearly set forth, and the plea is made that the treatment should not be undertaken by one ignorant of surgical technique. In this connection, a clear understanding of the Ochsner treatment is asked for. This

treatment (no food, no cathartics, removal by stomach tube of all stomach contents, food by rectum to avoid peristalsis of digestion), while it may be said to be valuable as a "first aid to the injured," and while it is the best treatment in the absence of a competent surgeon, should in no instance be expected to take the place of the surgeon.

The Trace of Albumin. The practical significance of a trace of albumin in the urine is considered by Joseph P. Tunis, in the July number of the *American Journal of the Medical Sciences*, and the following conclusions are presented:—1. The term "physiological albuminuria" must be regarded as misleading, unsatisfactory and inadequate. 2. As long as albumin is a constituent of the urine the individual voiding it cannot be regarded as normal. 3. The mortality among such persons must necessarily be higher than among an equal number of individuals who do not show this phenomenon. 4. The actual mortality rate among this class can best be approximated by a comparison of the records of half a dozen of the largest life insurance companies (dealing with hundreds of thousands of cases) over a period of twenty years at least. 5. The prompt means of discriminating between the transient forms of albuminuria and those of real clinical significance may be found in some such therapeutic test as that of calcium lactate, rather than by any further developments in the chemistry of the urine. 6. Experience proves that a faint trace of albumin in the urine of an individual past middle life is often of greater significance than a decided trace, by unexpectedly directing attention to the finding of cases of pathological importance, which might otherwise have been easily overlooked. 7. For practical purposes the heat and nitric acid test for albumin is the best one, and the careful use of Robert's solution is the most satisfactory control test in doubtful cases. 8. For the proper diagnosis and prognosis too much stress cannot be laid on a thorough consideration of the clinical conditions as a whole.

Hebotomy Versus Symphyseotomy. Steadman (*Medical Record*) summarizes the opinions of continental writers on the advantages of hebotomy over symphyseotomy. He cites 107 cases with a total of four deaths, one of these as the result of chloroform anæsthesia, the other due to sepsis, said to have been present before the operation. Gigli, the originator of this operation of lateral pubic section, is quoted as pointing with pride to the advantage of the much lower mortality of this operation over symphyseotomy, which at the best has a mortality of 11 per cent.

The latter operation is characterized as essentially unsurgical, as it involves the division of a joint, and the concomitant great susceptibility to infection, while in hebotomy secure repair is possible and the risk to the clitoris, urethra and bladder is reduced to a minimum. Patients do not experience difficulty in walking after pubotomy, and the after-treatment of the operation is simple. One authority encourages motion in order to secure fibrous union, as it favours an enlargement of the pelvis, which would facilitate future deliveries. In conclusion, Steadman admits that it is too early to express an opinion as to the value of Gigli's operation. The majority of the continental writers praise it. In view of the modern tendency in hospital practice to condemn perforation of the living child, he thinks it unwise to neglect the development of any method that may prove simple, safe and effectual enough to enable the practitioner, cast on his own resources, to be reasonably sure of saving both maternal and fœtal life, when he is confronted with conditions which otherwise make him choose between a Cæsarean section or the sacrifice of the life of the child.

The Toronto Meeting of The British Medical Association.

An enregistration of very nearly two thousand physicians, gathered not only from the British Isles, Canada, and the United States, but from India, New Zealand, South Africa, Bermuda, the West Indies, and several European countries, indicates almost if not quite a record attendance at a meeting of the British Medical Association. The arrangements of the meetings of the various sections were excellent, and as each section presented an attractive programme, the attendance upon each was good, the discussions in general were well sustained, and the interchange of opinion proved most interesting and instructive. The principal addresses, arranged for the general meetings, were unusually meritorious, and were listened to by large audiences. From the scientific side, therefore, the big meeting was an undoubted success. But possibly the best features, those which were both most profitable and most enjoyable, were the incidentals, and especially the opportunities afforded for the intermingling of so many men from such widely separated territories, of such varied experiences, yet bonded together by a common aim.

Plentiful opportunity for social intercourse was provided by the good people of Toronto, whose hospitality was boundless. Receptions and garden parties on a massive scale were the order of the day, and the functions arranged by private citizens for small parties of visitors to the city were almost

numberless. In fact we have to complain that so great a surfeit of pleasant things was planned that even the most energetic found it impossible to accept all the invitations which came to him, and the life imposed on the visitors was strenuous in the extreme. But the infection of cordial good feeling was resistless, and everyone felt in full humour for enjoyment of the occasion.

With so large an attendance, the difficulties of properly disposing of all the business and arranging all the multitudinous details, must necessarily have been very great. Much credit is therefore due to members of the local profession, and especially to the local secretaries, for the excellence of the arrangements. Few visitors found much reason for complaint of the manner in which the affairs of the meeting were conducted, and such complaints as were heard were not always reasonable.

A certain result of the meeting will be to increase the interest which British and Canadian physicians have long felt in each other. Such gatherings lead to better understanding between men, to a better fellowship and wider sympathies. The very large attendance of British doctors should stimulate Canadians to a desire to reciprocate, and we hope to see hereafter a better representation of Canada at meetings of the Association in home cities than has been the case in the past.

Extension of the British Medical Association.

A matter which may yet prove of very great importance to the profession in Canada was discussed informally at a meeting of Officers of Branches of the British Medical Association, held during the course of the Toronto convention. The Medical Secretary and other Officers of the Association suggested that an extension of the work of the Association, particularly in the matter of organization, to Canada might serve to strengthen our hands both here and in Britain. It was thought that medical societies at present in existence might become affiliated with or, in some instances, merged into the British Medical Association—in the latter event being continued as branches. We will, in a subsequent number, deal at length with the propositions set forth.

SEVERE SCALP WOUND WITH LOSS OF TISSUE.

PLASTIC OPERATION TO CLOSE DEFECT.

Case Report by J. W. T. PATTON, M. D.,
Truro, N. S.

(Read before Colchester Medical Society, Truro, May, 1906.)

ON December 12th, 1905, I was called twelve miles into the country to see a man who had been injured while at work at a portable saw-mill. He had been putting soap on the belt, when his hand got caught, and he was drawn against the rapidly moving belt, the top of his head receiving the injury.

I arrived at the lumber camp at 9 o'clock at night, and found the patient practically unconscious. Examination revealed an extensively lacerated wound of the scalp about seven inches long, running antero-posteriorly, and occupying the centre of the scalp. A large flap of the lacerated scalp

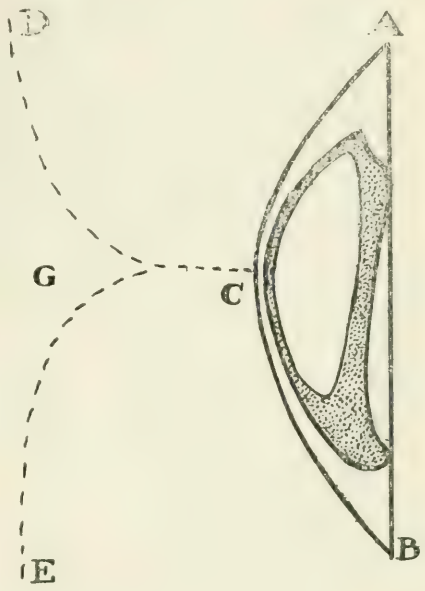

Fig 2

was turned down over the left ear.

After making the parts as clean as possible under the unfavorable circumstances (in the garret of a lumber camp, reached by climbing a ladder), I saw that a considerable portion of the scalp (including the pericranium) had been torn off, and that the lacerated edges, approximated as closely as possible, left a gap of about two inches.

The wound was treated in the usual manner with antiseptic

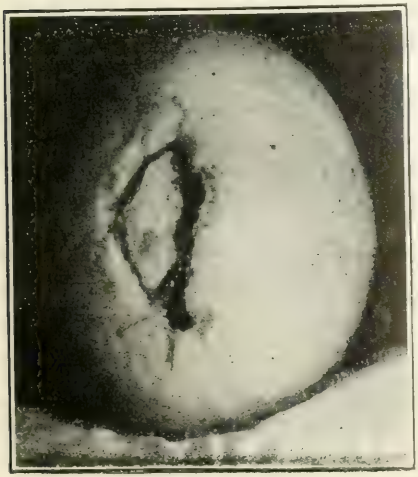

FIG.

dressings till healthy granulations were formed. It was then seen that a portion of skull $3\frac{1}{2}$ x $2\frac{1}{2}$ inches remained without any covering whatsoever, as shown by the photograph, (Fig. 1):

I decided to close the gap by a plastic operation. Accordingly, on Jan. 12th, 1906, the patient was placed under ether, and the following operation performed: The edges of the gap were freshened, — the central edge being made practically a straight line (Fig. 2). Beginning then at the point C, about the centre of the outer margin of the gap, I made curved incisions in the direction of the dotted lines CGD and CGE, the scalpel going down to the sub-aponeurotic tissue. The flaps ACGD and BCGE were then dissected up to a point in line with AD and BE. These flaps were then pushed bodily up to meet the line ACB and fastened there with silk-worm gut sutures (Fig. 3).

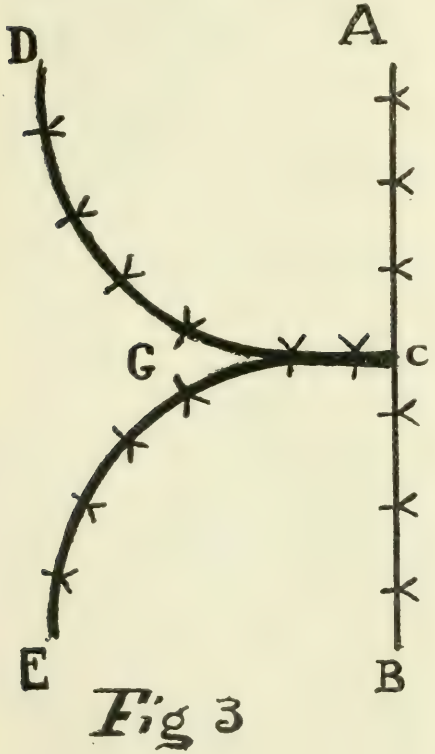

Fig 3

Fig. 4

The triangular portion DGE was next freed to some extent, and pushed up, and sutured to CD and CE respectively. In this way the denuded space was almost covered, — a very narrow strip being left to close by granulation. The result was perfect closure of the defect in the scalp, and is well shown by this photograph, taken four weeks after the operation (Fig. 4).

BIER'S VENOUS CONGESTION TREATMENT OF TUBERCULAR ARTHRITIS

REPORT OF TWO CASES, AND NOTES FROM BIER'S CLINIC.

By DR. J. JARDINE,
Summerside, P. E. I.

(Read at meeting of Maritime Medical Association, Charlottetown, P. E. I, July, 1906.)

THE treatment of tuberculosis in all its forms has, of late years, been put on a firmer basis. Prominently among the recent advances, we have the venous congestion treatment of tubercular arthritis brought forward by Bier of Kiel. The scope of this paper is to deal with this treatment, and for this purpose I give reports of two cases, both cured; one with complications, the other without complications.

Case Report No. I.

On June 10th, 1905, a female, aged 16 years, came to my office complaining of sore right elbow.

Careful inquiry revealed the fact that this elbow had been injured by a fall in September, 1902. Recovery soon followed and the incident was almost forgotten. While attending school in the winter of 1904, and again in the winter of 1905, this joint caused some trouble. In March, 1905, patient began sewing, and shortly afterwards this elbow became quite sore. The soreness gradually increased so that all work had to be discontinued on May 24th. The elbow grew worse —the pain preventing sleep at night.

Patient had children's diseases, including scarlet fever at seven years. Otherwise has been healthy, although not robust.

Several paternal grandfather's brothers and sisters died of consumption, and one paternal aunt has since died of the same disease.

Examination showed the arm flexed at the elbow at an angle of about 140 degrees, with hand pronated. Attempts to straighten the limb caused marked pain. There was effusion into the joint producing considerable swelling and a very noticeable fulness on the sides of the olecranon process. The tuberosity of the radius was very tender. The diagnosis was tubercular arthritis.

The treatment employed was the Venous Congestion treatment of Bier, or rather to be more strictly correct, a modification of that method. Not having read Bier's technique, in carrying out his treatment I was compelled to use what appealed to my judgment as

reasonable in view of my limited knowledge of the subject.

The plan adopted in this case was as follows:—An esmarch was tightly applied around the arm, about six inches above the joint, and continued loosely over the elbow and secured more tightly below the joint than over it. This was carried out at my office for from twenty minutes to one hour daily — that is, as long as the patient would endure it. By the end of three weeks considerable improvement could be noticed; the night pains were gone, the tenderness was lessened, and also the swelling. Now followed a period of about one week in which no progress was made. On inquiry I learned that the patient was using the arm too freely. Consequently on July 20th immobilization of the joint was effected by means of an angular splint. The use of the esmarch was continued daily as before, the splint being removed for that purpose, and at the same time gentle passive motion was practised. Improvement was very satisfactory.

The next difficulty was to know when to stop the treatment. Perhaps it was my good nature that led me to yield to the repeated requests of the girl to remove the splint. At any rate it was removed on August 24th, and patient was relieved from her regular attendance at my office, with instructions to report regularly and as soon as she felt the slightest return of the trouble. Notwithstanding these instructions she did not return until September 27th, although she was having swelling, pain and soreness in the same joint for about ten days or a fortnight before that date. The same treatment was again entered upon.

On October 7th the patient was noticed to be somewhat lame. On inquiry I found that she had been having some pain in right hip and also in right knee for about a fortnight, while on the evening previously she had fallen on this hip. Fearing the condition to be one of beginning tubercular trouble in this joint, patient was ordered to bed. The ordinary treatment for tuberculosis of the hip was begun—traction by cord and pulley and immobilization of the joint. In about a fortnight the pain and tenderness were lessened. The appliance was removed on November 4th, but patient remained perfectly quiet and did not move till about December 31st. The esmarch to elbow was continued daily till November 27th—that is two months from the beginning of this second treatment—and fully three weeks after all pain, tenderness, swelling and symptoms of the trouble had disappeared. Both elbow and hip are now well, and patient has the freest use of both. At no time was there any evidence of pus formation in any of the joints.

During this period in bed, other complications threatened the life

of our patient. She developed severe pain and tenderness over the left ovary, especially at the menstrual period, which were prolonged somewhat till relieved. Again patient developed a dry cough, carried an evening temperature of 100° to 102 3-5°, with pulse frequently as high as 110, while nothing could be detected in the lungs except a jerky respiration below the left clavicle. She had also slight laryngitis on two occasions, frequent diarrhœa, marked sleeplessness, and night sweats. With these complications no change was noticed in patient's condition until about the middle of February. Then a slight and gradual improvement came. On March 15th the patient weighed 99 lbs.; on May 20th this had increased to 130 lbs.

The treatment adopted was hygienic, dietetic and tonic, with medicines to meet the complications. I should have said that during the whole treatment period an occasional course of iron was given.

Case Report No. II.

On November 7, 1905, I was called in consultation to see a patient to consider the advisability of excising the metacarpo-phalangeal articulation of the great toe.

Patient was a healthy looking girl of 16 years. She dated the onset of the trouble back to April, 1905. The only history of the case obtainable showed that the joint had been injured by wearing a tight boot. For one month she had been under a physician's care who had diagnosed the condition as tubercular. Examination showed an open wound on the outer aspect of the joint, and a sinus between the first and second toes leading to the joint. From both came a serous discharge. Believing the diagnosis of tubercular arthritis to be correct, I suggested the venous congestion treatment. This was carried out daily for three months, a flat bandage being applied around the foot immediately anterior to the ankle for from one to three hours daily. The wounds were dressed with an antiseptic dressing. The wounds healed and the joint was cured in three months. There were no complications in this case.

From this brief review of these cases let us turn to consider this treatment from another standpoint, namely, from that of its author.

Dr. R. S. MacArthur, recent medalist at McGill, in writing me last February, gave me the results and methods of clinical application in Bier's own cases. Although this was not written for appearance in this connection, but simply for my personal information, yet I take the liberty of quoting it here, feeling that it will be at least interesting to some present:

"Clinically two methods are used, one being the ordinary bandaging, the other, a suction hyperæmia produced by means of a bell jar and suction pump. This latter method is the latest development

of the treatment and is capable of more extensive application than the other, though the results are much the same in each case.

"For the ordinary method a flat bandage, such as the Martin, is used, applied high above the joint, if necessary for one hour daily. The bandage is said to be improperly applied if it causes pain, or the least paræsthetic sensations, such as numbness; and the limb must not get colder than the corresponding one. It is not necessary to apply the bandage below the joint, but just above, and the pulse in the limb must not be obliterated by the pressure.

"All ages are treated alike. The hip-joint is not amenable to treatment, however, by this method.

"Immobilization of the joint is not practised, but the patient is required, with hand, arm or shoulder tuberculosis, to wear a sling.

"Active and passive movements of the joint are carried out daily, and it is considered a bad result if a stiff joint results after tedious labour upon it. The joint must be guarded against injury, as this lowers its vitality and resisting power.

"The formation of a cold abscess is not to be regarded as an aggravation of the disease, but as a necessary factor occurring in the course of the disease, and the treatment should be kept up. The abscess should be opened, under local anæsthesia, by small incision and the pus evacuated. Iodoform injections into the joint are not used by Bier.

"The treatment is contraindicated in. (1) The beginning of amyloid disease and severe phthisis. (2) Where the joint is broken down, disorganized and cold abscesses present.

"Healing ensued in:

Hand tuberculosis in 88% of cases.
Elbow tuberculosis in 72.7% of cases.
Foot tuberculosis in 61.5% of cases.

and no excision of joints.

"Of the hand and wrist, he had 17 cases, four with sinuses, five with abscess. Of these 15 healed with good movement; two improved.

"In another series of eleven cases, five with sinuses, abscesses in eight. Eight healed; normal movement in none but fair movement in all. Average length of treatment nine months.

"Another series of cases averaged ten months, especially good results were obtained in shoulder cases.

"The suction treatment is used in positions inaccessible by other form, but the latest use of the bandaging method is in the treatment of tuberculosis of the testicle, in which a soft rubber tubing is used for one to three hours daily; no pain should be caused. A suspensory should be used in the intervals, and cold abscesses should be opened. Good results are obtained."

The suction treatment is used for shorter intervals of time and lessens especially the pain. It is used for acute inflammations of any kind also, and here requires long application — twenty hours.

In suppurating tenosynovitis, Bier uses this treatment instead of opening up the tendon-sheaths, and so avoids fixation of the tendons.

THE POSSIBILITIES OF IMPROVEMENT IN THE HUMAN RACE BY CLOSER ASSOCIATION WITH THE MEDICAL PROFESSION

By WILLIS B. MOORE, M. D.,
Kentville. N. S.

(Read at meeting of Medical Society of Nova Scotia, Lunenburg, July 1906.)

PERHAPS the greatest source of pride in our profession is the fact that its members, as a whole, for centuries have spent their lives for the benefit of the race, seeking, and when discovered, freely disclosing, truths for the prevention and treatment of the diseases which afflict humanity, with little but honorary reward at best and often none, even when most deserved. The personal consciousness of the great value of our work in the history of the race, must always be our highest reward, but when, in this twentieth century, we still have to combat ignorance and greed ; when we see, as recently as the present year, evidence of the control of the public press, by the vampire-like rascals who manipulate the patent medicine interests, and fatten upon the mental, moral, and physical weaknesses of the race ; when we see truths in regard to the evil suppressed or scoffed at in editorials in our press, and legislation sought by the profession in the interests of the public, for the suppression or mitigation of the evil, defeated by the strongest influences of the press, and by our representatives who should have for their object the highest and best interests of the people ; when we see ridiculous, base, and mercenary motives imputed to the medical profession in their crusade against the evil, the spectacle is indeed nothing short of appalling, as showing a degree of ignorance and greed and perversion of principle on the part of those who should have higher ideals, scarcely conceivable in this so-called enlightened age, and obliges us to confess that our professional association with the race for centuries has not produced the highest possibilities of influence or leverage upon the mainsprings of human action ; and it may well seem an almost hopeless task for the medical or any other profession to discover and apply a remedy for the existing evil. However, if any improvement ever occurs, it seems obvious that physicians are the ones to effect it.

If one attempts to analyse the causes leading up to this lamentable

state of affairs, the subject is found to be a difficult one and more or less speculative reasoning must be indulged in. Greed for the cold and icy cash, as an old friend expresses it, is of course the prominent and most apparent cause, but the conditions which make its successful accomplishment so easy, are rather more obscure, and upon the correct determination of these, depends the effective application of a remedy for their removal or improvement. Ignorance and credulity as tools for greed best express the underlying cause of the trouble, but to make the former effective servants for the latter, something must start them into activity. Now the required motor agency in this connection would seem to come from the fact that, owing to the mental, moral, and physical vagaries of human existence, as we observe it, departure from a strictly normal state and perversion of bodily functions in the individual, from time to time, may be said to be the rule rather than the exception, and this leads to an instinctive desire on the part of the sufferers, to take or to do something to relieve their fancied or real troubles; and with the creation of the demand for relief, and in the absence of a professional adviser—who, under our present system, is not at hand except in cases of alarming disease—the credulity and ignorance of the average sufferer lead to a ready susceptibility to the wiles of the quack, presented attractively by means of printer's ink, and perhaps by the recommendations of ignorant acquaintances, who through inherent vanity, which is another causative factor, think they know the character of their friend's trouble and the proper remedy.

Then there is the feeling of liberty of choice among the people to buy and use what they fancy for their needs, and any curtailment of that liberty is naturally resented, freedom of action is upheld, and so it goes on.

Now let us think of a possible remedy for the evil. Obviously the only effective way lies in the direction of lessening the demand by education of the people, and by supplying their needs in some more desirable way. Although some of the best lay journals of the day, notably, *Collier's Weekly* and *Ladies' Home Journal*, are honourable exceptions to the general rule, the press of the day cannot be relied upon to do much for the suppression of the evil, under existing conditions, and the duty seems to devolve upon the medical profession as being the most hopeful factor in a reformatory process. But as the relationship exists at present, between the general public and the profession, little can apparently be accomplished, and this brings us to the question of the desirability of closer association with the people, by means of which the proper requirements o the race, for the relief of even

their trivial ailments, can be more scientifically fulfilled, and the patent medicine evil greatly mitigated or suppressed. As it is to-day, the physician has little influence in regulating the demand of the public for medicines to relieve their fancied or real ailments, except in cases of alarming character or severity in which he is consulted.

The patent medicine evil, however, is only one phase of the question for consideration. As it is now, instead of an appreciation of the need of medical advice in any given case, by the trained professional eye, ear, touch and mind, such need is determined by the untrained, and often by the unintelligent, and this seems to be the key note of the whole subject. How often, even in acute cases, and generally in chronic ones, our advice is sought when irreparable mischief is done, and had the need of such advice been appreciated at an earlier period, how much more satisfactory our work to ourselves and to the sufferers. How often are we urgently called to see little Willie, who is vociferonsly demanding relief from a stomach-ache resulting from errors of diet, which in most cases, would soon be relieved by natural processes, while perhaps in the next room, little Jimmie or little Mary or an older member of the family, may be developing a most insidious and, eventually, incurable disease, with no outcry, and no appreciation of its character by the untrained parents or friends. We have all experienced innumerable similar instances of unintentional but fatal neglect.

During the past year several such sad cases have come under my own limited observation. Two young girls with marked brightness of intelligence, accomplishments and beauty, members of families of which I had been the physician for years, with no family history of tuberculosis, were not seen for months after loss of weight, failure of appetite and of strength, with a little hacking cough, would have led the professional observer to have been on the alert for the development of future trouble, probably in the way of pulmonary tuberculosis, and to have instituted measures to stay its progress with a fair chance of success. When, at last, the parents became alarmed, and medical advice was sought, the disease was pronounced, the cases were hopeless, and both patients have since died.

Another practically identical case in the earliest stages, was seen about the same time by accident, during attendance upon other members of the family, when decided evidence of expenditure of vitality, by reason of late hours, social pleasures, application to study and accomplishments, rapid growth, etc., being greater than income from nutrition, was noticeable to the professional eye. A radical change was advised, by

means of the various agencies at our command, to increase income over expenditure, and the result to-day is most satisfactory.

It seems to be only a reasonable assumption that the difference in results in these cases, was due to the difference in the relative times of observation and treatment. These are only a few recent cases, but similar instances are frequently met with in the experience of all of us.

Paradoxical as the expression may be, the only time to cure some of the most serious diseases with which we have to deal, of which pulmonary tuberculosis is a prominent one, is before their occurrence. I do not wish to claim any great degree of diagnostic acumen or instinct, but in many cases in which I am consulted, diagnosis is altogether too easy for the good of the patient, or for the satisfaction of myself, and this has doubtless been the experience of you all.

The finest possible development of the science and art of medicine, as I understand it, would consist in the physician's exact appreciation of the individual tendency to disease, and the earliest application of measures to counteract it, from birth to death. Now, anything approaching this ideal condition implies a closeness of observation that is impossible under our present system. Sometimes we do not see families with whom we are intimately associated professionally, as our present system goes, for many months, in the absence of what, to them, requires our services, and what knowledge can we possibly have, of the development of inherent or acquired tendencies to disease among the members of the family? From motives of false economy, from feelings of diffidence, or false modesty, or failure to appreciate the necessity for skilled advice, the physician is not called during the earlier stages of disease, and frequently more harm than good is done to the case by the use of inefficient or harmful home or neighbors' remedies. And here the patent medicine evil gets in its work, when, if closer association with the family physician could have existed all this time, scientific advice and remedies could have been applied, and these evils greatly mitigated or altogether banished.

Look for a moment at some of the reasonable possibilities of improvement from closer observation: The early detection and prevention of the tendency to pulmonary tuberculosis and other forms of tubercular trouble, spinal, joint, and abdominal, etc., spinal and other deformities, many disorders and diseases of infancy and childhood, mal-nutrition, glandular affections, adenoid disease, etc., eye, ear, nose, throat, and teeth affections, nervous diseases which are becoming so common from our mode of so called education of the young and

the tendency towards the strenuous life, heart strains, the detection and early removal of malignant and other dangerous growths, the mitigation of various sexual evils and diseases, and even the possibility of a certain influence in regulating marriage and marital relations and the production of sound offspring. Further possibilities may occur to you, and one can scarcely estimate the far reaching results. Close attention of physicians to the principles of prophylaxis or preventive medicine in its widest sense, would result in a diagnostic skill in appreciating the first deviation from the normal towards the development of disease, which has hitherto been unattained. The physician would be constantly on the alert to detect the slightest indications of commencing trouble, and the results to the race would be of incalculable benefit.

I hope I have demonstrated that our present system of association with the people cannot produce the best results. At the time the physician can do the most effective work he is not on the scene, and this through no fault of his own, but simply through the fault of the system.

I know that it is easier to be destructive than constructive, and you will naturally ask me to formulate a better system than the one I would destroy, and here is where I suppose I will quite deserve the criticism which I foresaw when I wrote the Secretary in reply to a request for a paper, that I would present a few somewhat visionary ideas. I have been convinced for years of the truths I have attempted to outline, but the remedy does not seem easy to discover. We know that the tendency of the times is towards hospital or institutional treatment of a large percentage of pronounced diseases, among rich and poor, and this is likely to increase and continue, but this does not and cannot counteract the evils of our present system, and its failure to detect the first appearances of disease and to prevent its development. There is also the view that state supervision of the public health may assume a wider scope and a more detailed application, but judging from the leverage exercised at present upon legislative bodies by means of the purchased influence of the press, etc., by patent medicine trusts and other agencies, progress along these lines will be slow, so that we must depend upon ourselves to devise a better means of exercising a direct leverage upon the public by closer association with them, so that they may depend upon us to indicate to them their needs in the medical line for even their most trivial ailments, rather than upon their own fancies, or their neighbour's, or plausable newspaper ads., or the various fads or humbugs of the age.

I do not think that the Chinese system, by which the family

physician's income continues only during the health of the family and ceases when sickness occurs, would commend itself to us as equitable and desirable, but it would seem to have some advantages over ours. What arguments can be advanced against the adoption of a system by which physicians may ethically and practically make agreements with families who desire their services, to exercise a constant supervision over their health by means of regular visits of inspection at stated periods in addition to calls due to accidents, or emergencies, etc., in return for a fair sum per annum or quarterly, or monthly, according to expediency. It seems to me that such a system is not altogether visionary in the possibility of its accomplishment, and I can only express regret, that although I have thought of it for years, and have fully recognised the difficulties of our present system, I have carelessly gone along in the old rut, and have no personal experience at present to present in support of the practicability of what I propose. But I intend during the coming year to suggest the advantages of my proposed system of professional supervision to a number of my best families, and may be able to report later. However, I think we should make some effort to increase our professional leverage upon the public, and to further our power for good in the world, by means of what I conceive to be the key-note of the whole question, namely the adoption of some system of closer association of the medical profession with the general public, by which their needs in the way of medical advice, and medical treatment, may more frequently be determined by the trained professional observer than by the untrained, and unprofessional, as at present obtains.

THE CARE AND COMMITMENT OF THE INSANE

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IN this imperfect paper there is no pretence made to bring before you anything new in connection with that branch of medicine in which I am engaged. My wish is rather to remind the general practitioner of his relationship to the insane; to dust the corner of his memory where lie the psychiatric teachings of younger days, if he had such, for it is only of late that colleges have given lectures on mental disorders. As it is now customary to relegate the sick in mind to institutions set apart for their cure and care, too often the doctor in general practice deems it unnecessary to trouble his mind with the mind's troubles. His lot is thus easier than that of his brother who devotes his life to work among the insane. For the sick in mind are liable to all the ills of the body, to which accompanying diseases the hospital physician must attend. He cannot therefore, neglect his surgery, for accidents are common among his patients; paretic bones are fragile; there is a share of major operations. With medicine he must remain intimate, for often diagnosis is obscure from inability to gather other than objective symptoms. His patient may be dumb to all inquiries, or oblivious of pain. Sometimes, too, he must welcome the little stranger to a sad world, for not rarely the strain of pregnancy unhinges the mind.

Seemingly little as the general practitioner has to do with the insane, yet there is none on whom falls weightier responsibility regarding them. With him rest questions whose decision may make or mar the life of the mentally afflicted.

On him depends the diagnosis of a person's insanity, the advisement or the administration of the treatment, the certification of the mental condition if hospital surveillance is determined on. All of which considerations are of vital import, not only to the patient, but often to a circle of relatives, and, indeed, if carelessly undertaken, may rebound injuriously on the practitioner himself.

On these points I would dwell, believing that they will interest you more than any recital of the advances in hospital methods. The diagnosis of insanity, which may stagger the expert, and yet which commonly rests with the general practitioner, of this some hints will be given in discussing medical certificates.

Once convinced of a person's lunacy, a physician must next consider whether he shall advise home or hospital treatment, and he must decide quickly. If hospital care is essential, delay in securing it lessens chances of recovery. Alienistic observers agree that insanity is more curable the earlier it comes under treatment. It is well to remember, however, that the doctor should only advise, urgently if necessary, but let the friends assume all the responsibility of whatever course is followed. Indeed, in some cases it is prudent to have writing to that effect. Now that insane hospitals are efficient to a satisfactory degree, in most cases of acute insanity it will be wise to recommend transference to one of these.

There may arise cases so manageable that the medical man may have confidence in his ability to treat them himself, and results may justify this course. There may be those that for some good reason cannot be removed at once, for unfortunately, though unavoidable, the hospital required is at a long distance from most cases that arise. There will be cases where friends will obstinately oppose the most conscientious counsel.

Then the physician must endeavour to improvize the essentials of the hospital in the home, or better, in some rural resort, for nearly always change of environment is advisable ; indeed, that is the chief advantage of the hospital. But this can be done properly only for the few. In any case but the mildest two attendants will be necessary, and other expenses will be heavy. Above all, the relatives take on themselves a responsibility, often involving life itself, that hospitals are better equipped to assume. Moreover, it will be difficult to restrict the liberty of the sufferer, who does not realize that he is a patient. The insane man resents restraint in his own home much more than when among strangers. The acute cases are few that will not have more hope of betterment in a hospital. This means no reflection on extra-mural skill, but the management of insanity is such that it cannot be well initiated in general practice. I am not blind to the fact that objections to hospitals hover round the stigma that families imagine will cling to them if one of their number has been within asylum walls. This, alas, is our inheritance from the dark days when people had reason to look on these as lunatic prisons. But such times are only history, and it is our duty to help break down prejudice. The asylum is now as free from objectionable features as the general hospital. There has been a revolution in the treatment of the insane within the lifetime of many of you. The hospital idea is now predominant. Even the ancient term, asylum, with its suggestion of custodial care only, is in most places a memory. Insanity is

veiled in its true character — a disease, and not a crime. Improvements have been in progress, till to-day curative establishments are prepared to cater to the wealthy, while for the poorer classes there are institutions holding out remedial care, with every comfort. The nurses selected are trained, so as to become companions of the insane rather than their keepers.

Intelligence and tact have deposed brute force. Many a corridor is as free from lock and bar as was the patient's home. Occupation and amusement are made a constant study ; for entertainment is found in our day as diverting as in the first authentic lunacy of history, when the melancholy monarch was refreshed by the strains of David's harp.

No physician will be long in practice, however, without meeting some insane one whom he will have to attend temporarily or throughout his illness. A grasp of the principles of treatment for mental ailments may then be of use. While each case must be treated individually, there is much common ground. Change of scene and companionship is almost always advisable for your patient. A nurse or two, qualified for the work, is indispensable. Relatives, though often the best attendants in bodily suffering, make the poorest for the mental invalid, who is prone to do as he pleases with them. Often he dislikes most those whom in health he loved. How often we see a patient as docile as a lamb from the day he crosses the hospital threshold, who was a tyrant in his home. The ordinary general nurse, unless she has had special experience, is little better than the sympathetic relative. She is liable to be overawed by the wild conduct of the maniac, or shocked by his unlicensed language, much to his delight and encouragement.

With most of the insane, sleeplessness precedes or is concomitant with other manifestations of mental disorder. The natural brain restorative is sleep, and if we can produce it, the progress of the disease may be arrested in its incipiency. The ideal sedative is yet to be found. But some have merit. First and above all must we try to gain repose by measures intrinsically harmless, as open air exercise pushed to moderate fatigue. A few hours work, or a walk, or a drive for weaker ones, will often calm the brain-storm and secure restoring slumber.

A full meal will induce sleep in some. Then there is the hot bath, (104°) which is surprisingly efficacious.

These simpler means will fail sometimes, and drugs be indicated, but we must beware that nature does not come to depend on them. Usually, for the sake of peace and various reasons, more drugs will have to be used in private than in hospital practice. Let us glance at a few that have proved useful

to the alienist. Alcohol is helpful when stimulation is needed as well as sleep. In small doses it will dissipate the wakefulness of anxiety. In larger quantity it will rarely fail in any case. Hyoscine has displaced its fellow hyoscyamine, than which it is more uniform and certain. It is indicated where there is motor excitement, and has been abused as the agent of chemical restraint. By its aid violence is calmed and loquacity ceases. It has advantages; its dose is small, though 1-25 grain hyoscine hydrobom. may be in many cases safely given, if need be; it is tasteless, and can be smuggled into a cup of tea; its action is prompt, either by mouth or needle; tolerance is slowly established, and no habit is formed, as no pleasurable sensations ensue. I would recommend every practitioner to keep a tube of the hypodermic tablets at hand.

Paraldehyde some prefer. It produces natural sleep, does not irritate the stomach; no headache follows its use. The unpleasant taste and odour are its drawbacks, and those who need it most will refuse to take it.

Sulfonal is successful usually. Its effects are lasting though slow, but may be hastened if given in gruel or water as hot as can be taken. An increased dosage is not needed. The one dose may produce sleep on two successive nights. It acts as a calmative, and this is one of its great advantages, allaying excitement for hours after the sleep it produces has passed. It seems also of use in getting those who refuse food to eat. Because of its insolubility in cold water, the great difficulty is to administer it when it is most indicated. Being tasteless, it may be spread on bread and concealed by the butter.

Our old friend chloral, for some cases, has not been superseded by any of the newer remedies. None of these will avail if the sleeplessness is due to bodily pain. Then, and then only, is opium called for. I emphasize this because this drug is over-used. With some, the first thought is to give a hypodermic of morphia. It is harmful in insanity, as it impairs the digestion and general health, and thus combats the effects we most desire.

The remedies mentioned are the popular sedatives, but their use should be deferred till other means prove futile. They are less used than ever to-day in hospital practice. There is a temptation to drug the lunatic. It has happened that the ill effects of indiscreet medication have had to be eliminated before improvement began. The people have yet great faith in the virtues of bottle-medicine. A question sure to be asked about an insane friend is, "Does he take his medicine regularly?" Some appear to think that patients are sent to an insane hospital to get some nostrum unknown to the general

practitioner. I have been sneered at for detaining a patient who was no longer being dosed. This his brother interpreted to mean that I regarded the man as sane. To him treatment meant medication only. Neither will you have many cases before some sensitive relative will suggest: "Can't you give him something so he won't know we're taking him to an asylum."

As with mental aberration there is usually found bodily debility, either as cause or result, consequently we run the gamut of the standard tonics, and find it the rule that mental improvement keeps pace with the physical.

But there are other agencies to heal a mind diseased which the alienist counts more valuable than all the resources of the pharmacopœia. Such are the practice of hygienic teachings; the culture, employment, and amusement of the patient; the application of mental therapeutics; in short, all things that tend to lift the patient out of his self-absorption. To describe them would be to detail all that is embraced in the comprehensive term, hospital management.

Lastly, the nourishment of the patient must not have least consideration. Improvement often dates from the ingestion of a full meal. Many either from depression or agitation eat too little or not at all, and must be fed through the stomach-tube. This forcible feeding should not be long delayed. There is no special rule as to diet. Eggs and milk in abundance should form the basis. The maniacal will assimilate many times the amount of food needed in health. Whatever treatment is pursued, everything centres about an effort to build up the patient.

We now come to the duties that devolve on the profession in committing the insane to hospital. The law insists, quite properly, that certificates of insanity shall be granted by physicians, and if they do so improperly, and in a manner slip-shod, their punishment may be severe. The very fact that we have been free from prosecutions in the past is apt to make us careless. It is no guarantee that we shall be exempt in the future. The hand of justice sets safeguards about the liberty of the citizen, the greatest right he has, and forbids his being put under restraint without legal proceedings. It may seem waste of time to say this, but the fact is too often ignored. Insane persons have time and again been brought to the hospital entrance with only an informal line from some intrepid physician. It is felony to detain any person without definite legal conditions. These may seem exacting, but the superintendent cannot alter the laws of the land.

In Canada, we are progressing towards the ideal we hope for, that holds liberty sacred, but still admits the insane to treatment without injurious delay. In my judgment the lunacy laws of New Brunswick

recently enacted, approach most closely to what we should have, the commitment of the insane in the Province of my adoption being now as simple as is consistent with the protection of the patient's rights, and practically in the hands of the medical profession, where it should be if insanity is a disease.

Certain formal documents correctly prepared, are requisite everywhere to secure admission to an insane hospital. Those who see many of these observe occasional errors, for which the fallibility of human nature is answerable. Some of the points commonly neglected will be noticed in the hope that benefit may accrue to some case of moping melancholy or moonstruck madness. In the different provinces from which we hail the blank forms of commitment vary somewhat, but the essential features in all are derived from the British statutes. Whatever else be wanting, a medical certificate with some history of the patient is always required. The physician who wishes the best for his patient will exercise his medico-legal knowledge in supervising the preparation of all the certificates demanded, as well as his own, that delay through errors may be avoided. The various blanks are usually self-explanatory, and require only reasonable care as to details in filling up. As to the medical certificate, practitioners often forget that the printed portion is fixed by law, and requires as particular attention as any. In this formal part, both the examiner and the patient must be designated precisely, and the dates correctly inserted. These slight requirements are important for the identification of person and place. The lawyers set great store by them. If there is any doubt as to who is spoken of the document is defective. Pains should always be taken to get the patient's full name correctly. If ever you have to defend your certificate, nothing will create a more favourable impression for you than absence of negligence in attention to details.

In your certificate must be written your reasons for thinking the person insane, and not only that, but a suitable case for detention. Not every one of unsound mind is a proper person for confinement. You must not think of certifying those whose minds are temporarily disordered. There are also certain ones of feeble mind, yet harmless, who are not proper persons to be detained. The law allows you a certain judgment in deciding whether or not a person of unbalanced mind is a proper person for restraint. It is as important, therefore, to set forth the grounds for your opinion that a patient should be confined as that he is insane. To fill in this part of your certificate, will necessitate your examining the patient, for the basis of proof must be gathered from personal observation

of his present condition. At least the chief part of what you alleged must have been observed on the date the certificate bears. Knowledge of the past, and opinions of others, no matter how valuable, can only be introduced secondarily; hence, the certificate was useless, whose baldness was relieved only by the words, "Have seen him in previous attacks," or this example; "I am inclined to think he should be confined in a lunatic asylum, by the report which is given me by the members of his family."

The prudent physician will learn all he can of the patient's past and present character before interviewing him, but the opinions of interested parties must not bias his mind. Some may declare that he is insane, while others may insist he is only excited. There may be wrong motives for keeping a person out of an asylum as well as for putting him in. Do not be induced to be retained like a lawyer on one side or the other. Look for proof of all that is told you. There is possibility of sinister motives. Make sure the patient is sober and uninfluenced by any insane root that takes the reason prisoner. No man should be certified insane who has been examined only when under the influence of liquor. Not only should the doctor act in good faith but he should ascertain why the relatives want the patient removed; still a patient's being dangerous is not the sole reason for seeking the restraint of a hospital. Modern English law regards necessary care and treatment sufficient ground for detention.

To gain access to an insane person for the purpose of examining him is not always easy, and there may be actual danger in the attempt. The lunatic may be fully aware that a physician is a necessary agent in securing his confinement, to which he may object. It is the relative's place to protect the medical man, and if they will not try to do it he is not called on to run any unusual risks. It is generally best to confront your patient undisguised. It is not necessary to volunteer information as to why you are paying him a visit, but it is a mistake to deny you are a doctor. If you do, many of the questions you put will seem impertinent. Deception may gain a point, but it will militate ultimately against his betterment, and make him suspicious of those who have to deal with him in the future. There is a disposition on the part of the laity at least not to be frank with an insane man, which I think is a great mistake. See that the man examined has fair play before you deprive him of what we all hold most dear. Remember you are examining him to satisfy yourself of the real state of his mind, not to trip him up and extract something that will sound well in a certificate. If he is a person of

inferior intellect you may puzzle him by cross-examination so that he may seem out of his mind, but any man in the witness-box may in the same way lose his head and without the least intention of doing wrong swear black is white. If the case admits of doubt, always see the patient twice or more before you sign. Many patients vary considerably at different times, and if possible you should see them at their best and at their worst. Some patients' derangement will be evident at a glance on first examination, but it will sometimes require much tact to disclose the minds of others. Many lunatics have the cunning to conceal their foibles, especially if they suspect your object. Experienced men have withdrawn from more than one inquiry without detecting delusions that had existence. Some one has thrown out the hint that a man is likely to betray his lunacy, when other means fail, if a question is thrust at him about his own relations and how they treat him. If others have suspicions of insanity in any case the medical man should be slow to conclude that these are ill-founded. Much may hang on his decision.

One is not expected to make a diagnosis of the form of insanity presented, but to set forth only such facts as will carry conviction to whoever may read them, that the case is suitable for confinement. The physician did not grasp this who wrote in his certificate, "He is suffering from some mental derangement, which at the present time I can't easily diagnose." It is a mistake to state that your patient has paronoia, or melancholia, 'etc. You are not expected to do it. Time may prove erroneous your diagnosis made perhaps on a single examination. Your melancholy patient may be maniacal by the time he reaches the hospital. You are called on only to set forth the facts that in your opinion are proof of insanity, no matter what the type, and these should be made so clear as to be understood by the least learned juryman. General statements are too often given instead of facts. The most common failing in medical certificates is setting down deductions without enumerating *any* facts on which they are based. These fall far short of the law's demands. For example,—"Saw her at her home, and ascertained that s h e i s i n s a n e;" "Generally irrational in all her actions;" "Perverted deportment and conversation." If the deportment had been described, and some conversation quoted, this skeleton would not be so apt to give the certifier trouble. Here is a typical certificate, a pattern of many that deal only in generalities: Under the facts indicating insanity,—"the presence of d e l u s i o n s, general expression, appearance of the eyes and conversation." What facts indicating insanity are there here? The first statement, "the

presence of delusions," is one dear to many a doctor; indeed I know one who never uses any other. It is a general one and not a specific fact. What the law demands is a description of the insane delusions. All delusions are not insane ones. The believers in witchcraft, or Christian science, are not necessarily insane. "The general expression" is another favorite, but carries no weight. "The appearance of the eyes," still another favorite. This goes with the public, for they have a legend to the effect that you can pick out the lunatic by his eyes. Such certificates are common and made out by intelligent men simply because they forget that they are making out a record for their own protection, a record to show the world at large why the patient should be deprived of liberty, and a defence for themselves should this opinion be doubted. Many physicians make out their certificates to satisfy themselves rather than others. The "general conversation" they refer to conveyed the idea of insanity to them, because it contained the facts on which they founded their opinion. They forgot to make the nature of this general conversation plain to others. I do not wish to be misunderstood. I have unbounded faith in the conclusions regarding insanity at which the busy general practitioner arrives, even if his method of expressing himself has been at fault in some instances. In an experience of 20 years in Hospitals for the Insane I have never known of a person's being sent to an asylum who was not insane, and older men than I will tell you the same. I have never heard of a general practitioner in Canada granting a certificate dishonestly and with intention to rob a sane person of his liberty. In criticising the methods sometimes employed in things you are all familiar with, my only desire is to forewarn you so that you may escape the unpleasantness of a prosecution, or come through it unscathed.

To obtain facts on which to base an opinion, one should proceed in a methodical manner. Eye and ear should both be alert. There may be something in his dress, occupation or the appearance of the room to give a clue to the mental state, and form a topic to begin the conversation. You may talk about the weather, the crops or politics for hours, without detecting his insanity, so as soon as possible bring the conversation to something that concerns himself, for the lunatic is an egoist. The proof may have to be founded on a number of trivial discrepancies, any one of which would not justify a conclusion, but collectively might form weighty evidence. That practitioner is not blameless who delays making out a certificate till he finds proof of mental unsoundness in some outrageous act. In most cases he will look in vain for an

exhibition of that demoniac frenzy which the populace attribute to every insane person. The lunatic may superficially resemble his fellow mortals, as did Shylock's jew, the christian.

Without particularizing, one should note three things carefully: the patient's appearance, his acts and his conversation. Mind can be known only as portrayed in conduct, in the things a man says and does. Be not satisfied with one symptom. None is pathognomonic. It is a weak certificate that hangs on a single statement. Delusions and hallucinations should be sought for in all cases. They are not essential to insanity, but if any are found, note them down as lucidly as possible, for nothing carries more weight with the legal fraternity. The opposing counsel may call them lies, but insane delusions are not untrue to the person who utters them. They are as real as his very existence. We must not snatch at statements haphazard and call them delusions. Probable things may be delusions, and highly improbable things may not be. Thus the words, "he says he is poor, he is financially ruined," were valueless in the case they referred to, because it was true the man had failed in business. It is always well to add after stating a delusion, some such words as "which I know to be false, or contrary to fact." This will not be necessary when a man declares his head is made of cheese, or anything palpably absurd. But many assertions we can only recognize as delusions, from what the patient's friends tell us, and their information is not always credible. They may be interested in a sinister way inhaving the patient confined. You may be forced to seek the truth from disinterested parties. Some patients have an unpleasant way of revealing family secrets, something they would not dream of doing in health, and it is convenient for the friends to call them delusions. Every speech of an insane man is not necessarily a crazy one. If a man declares himself to be wealthy when he is known to be penniless, this should be stated to be a delusion, for not a few men are rich. The truth about such a statement can be learned easily. But suppose a man entertains a delusion about his wife's infidelity Here you may have no testimony but the man on the one hand and the woman on the other. What the man says may be a fact. The wife may lie and be glad to get her husband behind asylum walls. In such a case all you can do is to weigh the man's story and the manner in which he tells it, together with the grounds he gives for his belief. You may need nothing more to convince you that his story is the creation of his brain, and state in your certificate, "he says his wife is unfaithful, but he cannot tell me the name of

any man who has paid attention to her, or give any grounds for his belief, which I look on as altogether a delusion." Delusions are not all pure fabrications. Like dreams, they may arise out of experience or some fact may be their groundwork, but they are none the less delusions. You will be fortunate if you ascertain delusions exist. Your greatest difficulties in getting material for a certificate will lie in cases without delusion, whose disease is shown rather in altered behaviour. If you knew the man in health, or were his physician, it would be easy for you to recognise the change in his character, which is the essence of insanity. But if you are called in to examine a man whom you have never seen before, you have not the advantage of the family physician, and can only compare his present conduct with what is told you of his past by others. Such a patient may behave well in your presence, and deny all that others say about him. You may have to visit him several times or arrange to observe him when he is not aware you are looking on, before you get any evidence of his insane acts.

Any facts that may serve as a guide to treatment, though not essential to the proof of insanity, should be detailed in your certificate. If a man has hallucinations and hears voices, this should always be mentioned, as such are the dangerous lunatics, for there is no telling what crime they may be told to do. Incoherence in speech is frequently noted, but it is a relative symptom, and would denote greater aberration in a scholarly man than in an uneducated. We must always remember that what points to mental disease in one may not in another. The speaker must be considered along with the speech. Allowance must be made for the social standing. The use of perverted theological expressions and obscene language might not arouse suspicion in the slums, but would suggest doubt of the sanity of a refined woman if she indulged in them. Some things natural at certain ages are not usual at other periods of life. Loss of memory is a symptom that suggests more in youth than old age, when the faculties naturally decline.

My remarks thus far have referred chiefly to patients that can be got to converse with you. But there are some whom no effort can induce to utter a word. This taciturnity is not without value. If you can not draw him out, as a last resort tell him why you are examining him. Then, if he still maintains silence, his apparent obstinacy is almost proof positive of insanity. Having acquired all the information possible from the examination on which to ground an opinion, one may then cite any derived from previous acquaintance with the patient. Next may be inserted in corroboration facts

ascertained from others, and it is always well to name your informant. Whatever you write down, assert only facts which you have elicited after searching enquiry. While conspiracies to incarcerate the sane are, I believe, figments of fiction, yet the day may come when a half-cured patient will make you defend your statements in court, and this should engender caution. The most obvious case may prove the most troublesome. The wary practitioner will copy his certificate, and retain some fuller notes. These, to be of service, must be made at the time of examination. A certificate will be strengthened in proportion to the care evident in its construction. The facts should be written clearly, tersely, and without comment. Make use of the patient's very words, if pertinent. Poor composition suggests negligence. Irrelevant sentences only weaken. Thus the proof of a woman's insanity in a certain certificate grounded on, "1st, Frequent births, 2nd, Close confinement to children," is not to the point. Statements that are quite correct, but go to prove sanity, ought to be omitted. Yet frequently we see such phrases as, "he has no delusions; he is not dangerous; talks quickly but sanely; otherwise her mind is clear." Sometimes ridiculous facts are inserted, as where a man was adjudged insane because of his "repeating poetry now and again;" or, "praying and singing hymns frequently." Perhaps the climax was reached in the certificate wherein the only fact alleged to show unsound mind was, "He tell lies." Needless to say this was not accepted as substantial ground.

Along with the proof of insanity some relevant history of the patient is always expected, for statistical and other purposes. Though some of this information must be got from relatives, the physician should supervise its preparation. While all the questions asked should bring forth valuable answers, especially will such as relate to former attacks, and the patient's habits of life. A correct reply to the query regarding suicide may save life. Some description of the man as he was before his estrangement, may bring out knowledge of much worth, especially if it be shown that there is now a departure from the normal in such matters as his affections, appetites, religion, temper and tastes.

Then there is the point as to heredity about which such lies are told as must make the father of them hilarious. The friends alone cannot be trusted on this score. They may indeed be surprisingly ignorant of their family weakness. A father is reluctant to tell his son that there is insanity in his family. The doctor should quietly inquire from outside sources as well concerning the taint in the blood, and not only mention

insanity in the family if it exists, but also eccentricity, nervous affections, alcoholism, and consanguinity in parents. Then if you want the truth, as Clouston says, multiply what you get by two. It is well also to delve deeply to get at the nearer cause of the disease. The patient's friends seem rarely to be cognizant of it, for there is nothing about which the hospital superintendent is oftener asked by them, yet he is the last one to come to, not having known the patient till after he has crossed the hospital threshold. The family physician is the one who should have the best idea of what turned the man's head. In most cases no one cause can be singled out. It is rather all the outward circumstances of life. If hereditary blight exist, any straw will unbalance some. Effect should not be snatched at for cause, as is too often done to the injury of character. Masturbation and the abuse of alcohol are more frequently the consequence of a diseased brain than physicians state. If indulgence in these habits has not long antedated the insanity I should be loath to assign its origin to them.

One word more, and I have done. The general practitioner can do an incalculable amount of good for the cause of the insane if he give proper counsel as to how the patient should be removed from home. I cannot put it better than is done in the circular issued from my own hospital, "In conveying patients to the hospital deception should never be used. The best plan is to tell the patient frankly, but kindly, that his physician and friends consider him ill, and that it is proposed to take him where everything possible to make him comfortable will be done, where his chances of cure are better than at home, and whence he will be removed as soon as well." It were better to use force than deception, and plenty of help can be in waiting so that force can be used without hurting the patient. In many cases where we anticipate resistance against leaving home, no trouble arises. We are apt to think the patient will refuse to go to the hospital, just as a sane man would rebel against losing his freedom. But we can never know how the insane man is going to reason about it, and consequently in dealing with the insane we cross many an unnecessary bridge.

Whenever possible, let the patient be brought to hospital by his own friends. If we are sincere in believing insanity a disease, the courts, the sheriff and the constable with his brutal handcuffs, should not be appealed to unnecessarily.

Through weary centuries the lunatic was the object of fear, scorn, or mockery. Since the humane Pinel shattered the chains and fetters that bound these unfortunates, their lot is becoming more and more endurable.

Physicians in all lands are vieing with one another to ameliorate their condition, each in his own way. We do not arrogate to ourselves that their is no other kindly method of dealing with the insane than our own, and refrain from sitting in judgment on our brother's way of doing good. We are prone to say, "Master, we saw one casting out devils in Thy name, and he followeth not us; and we forbade him because he followeth not us." Listening, I think we should still hear the Divine voice speaking through the ages, "Forbid him not."

Suffice it if there has been dropped a hint that will quicken the interest in those whose care has been styled the noblest branch of medicine. Suffice it if one word has been spoken that will lead to the earlier restoration of some mind afflicted with the most distressing of human ailments.

A Reasonable Inferenee.

A lady and her little daughter were walking through a fashionable street when they came to a portion strewn with straw, so as to deaden the noise of vehicles passing a certain house.

"What's that for, ma?" said the child; to which the mother replied:—"The lady who lives in that house has had a little baby girl sent her."

The child thought a moment, looked at the quantity of straw, and said:—"Awfully well packed, wasn't she, ma?"

A Narrow Escape.

Harris: "They tell me you had a very narrow escape from death."

Spurr: "Yes; they were going to operate upon me for appendicitis, but they discovered in time that I hadn't the money to pay for it."

Only Right.

The doctor came and said that he
Would make another man of me.
'All right," said I, "and if you will,
Just send the other man your bill,"

Anna—Tommy—Cal.

Shall I, Tommy dear,
Call a surgeon quite near,
For your your arm, sir, quite out of place is?

No. no, Anna, dear,
You need have no fear;
I am just making glad the waist places.

"I am happy to tell you, madam," said the lawyer to the wife of the railway accident's victim, "that your husband can recover—"

"Oh, doctor, I am so thankful—"

"Madam, I am a lawyer, not a doctor, and I have reference to damages, not health. He, of course, cannot live."

Some of our American contemporaries have contributed merriment to their readers by giving publicity to the following libel:—*The Rochester Union Advertiser* says that a Canadian firm, in an advertisment of a nursing bottle it had patented, after giving directions for the use of the bottle, concluded as follows; "When the baby is done drinking it must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk it should be boiled."

PLACENTA PRÆVIA

By A. J. MURRAY, M. D.,
Fredericton, N. B.

(Read before New Brunswick Medical Society, July 17, 1906.)

PLACENTA prævia is one of the grossest errors which nature ever commits. There is no physiological tragedy which nature enacts which can rival it, except ectopic gestation. Surgery to a large extent has robbed this latter condition of much of its terrors; but placenta prævia doggedly shadows the path of the physician, and exacts its relentless toll of death. It would be a work of supererogation were I to take up the various theories regarding the ætiology of placenta prævia, and if I did I would only be relating something I had learned out of a book. My purpose throughout will be to be as brief as is consistent with a clear explication of my subject, and, like Brutus "to speak of that I do know."

A sudden profuse hæmorrhage without definite cause and without pain, at any period more advanced than that at which abortions usually take place, should always arouse suspicion.

In normal positions the placenta is separated from its attachment by uterine contractions. In placenta prævia the separation is due to expansion in the lower uterine zone. Whereas in normal labour the uterine contractions, which determine placental separation, close at the same time the orifices of the torn vessels, the stretching of the lower zone in placenta prævia leaves the mouths of the sinuses gaping.

Like the three heads of a clergyman's sermon my experience with this condition consists of three cases.

CASE I.—Mrs. M., æt. 38, multipara. Was called urgently to go a long distance in the night. Could learn but little from the messenger except that there was a woman in the case. The spectacle which presented itself in the sick room was bloody and blood-curdling to the novice.

I realized in one awful moment that I was up against placenta prævia.

While I was removing my coat and getting up my sleeves, I noticed that the patient was a woman about 40 years of age, of large frame, red haired and freckled—the extreme pallor of the skin, conjunctivæ, lips and ears making the freckles very distinct.

I put my finger on the pulse. It was present and no more. The woman was incessantly swallowing water and incessantly vomiting. I ordered the water stopped and immediately gave a hypodermic of morphia and atropine (fourteen years ago the injection of strychnine was not so much in vogue as

at present) and made a hasty examination as soon as the effects of the hypodermic began to become manifest. I found the uterus dilated to the size of a silver dollar, neck obliterated and the placenta implanted in front of me apparently all around.

I retired to the kitchen and told the husband that I would give him just five minutes conversation with his wife, for perhaps he might never see her alive any more. This may sound a little dramatic, but it was not done for the sake of effect. During those five minutes I elicited that the woman was about the eighth month of pregnancy, and while about her household duties that evening was seized with a fearful hæmorrhage and had to be carried to bed, but never felt any pain.

I passed my left hand up until I reached the placenta and attempted to detach it, but was unable to reach a loose corner of it. I then pushed my hand right through it, turned and delivered. The child was dead. I noticed that the operation of turning was easy. It was likewise self-evident that the placenta was adherent. After delivery of the placenta there was considerable flowing and the patient appeared to be in extremis. I injected brandy and also ether, raised the foot of the bed, and kept a grip on the fundus for two hours. In four hours she rallied and there was no further hæmorrhage. She made a very tardy recovery, but is living to this day, and may outlive the narrator.

Case II. — Mrs. H., æt. 36, multipara. Called on account of sudden hæmorrhage. No pain. Pregnancy at seventh month. Examined; not certain of diagnosis, but was suspicious.

Ordered woman to bed and gave her lots of orthodox counsel. She demurred at first and then complied. I subsequently learned that she paid but little or no attention to my orders, advice and warnings.

A month later I was called in the night. The distance was not over two miles, but it being Springtime, the roads were heavy and slow. The patient told me she had had one hæmorrhage at 7 a.m., and the next at 7 p.m., when she sent for me. Though quite weak she looked a more hopeful subject than my first case many years before. Made examination and easily felt the placenta. Labour was in progress—hæmorrhage and pain co-incident. I passed my hand, pushed the placenta to one side, seized a leg and delivered. The child was dead. The hæmorrhage that followed delivery of placenta was considerable. I thought now that the country was safe. Placed one hand over the fundus; it felt peculiar. Re-examined and found another head presenting. Gave the woman a dose of ergot. Pains were frequent but feeble. As soon as the head came within reach I put on the

forceps and delivered. This child also was dead, and here was a condition where the first placenta was previous and the second normally implanted.

A gush of dark blood followed the delivery of placenta two. The woman said "My sight is failing." The uterus refused to contract. I could not release it to inject stimulants, and in a few minutes the scene was closed. Three o'clock of a wild March morning, three people dead in the house, and eight children motherless!

I have frequently censured myself for being too precipitate in delivering the second child. I should have waited and stimulated, but did not realize that the woman was so much exhausted, or that the anæmia was so profound and that it was progressing.

Case III. — Mrs. C., æt. 31, primipara, brunette, medium size. Had always enjoyed good health. Called to see her on account of sudden severe hæmorrhage unaccompanied by pain. The onset of the flowing occurred during sleep. Gave history of pregnancy at the seventh month. Made examination but was unable to make diagnosis, as os was resistent and cervix long. At the same time the red flag of danger was out and I ordered the woman to bed. This time the unexpected turned out. The woman took the doctor's advice and stayed in bed. Four weeks after I was summoned. Patient was in labour and hæmorrhage terrific.

On examination I found placenta bulging into the os uteri. I was in a quandary as to the course to pursue.

I decided to wait a little before attempting anything. The patient's pulse was 100, her finger nails and ears were very white, but there was some natural tinge in her cheeks. In less than an hour the child was born, placenta previous. In this instance also, the child was dead. There was no post partum hæmorrhage and the woman survived, making an excellent recovery.

The central thought to me in these cases is that the woman is in jeopardy every hour and that every effort must be chiefly directed toward saving her.

I have not contributed much that is new, but I have blazed anew an old trail, where the footsteps of erstwhile weary pilgrims have trodden, and is never destined to be quite obliterated, and where others will reluctantly have yet to tread.

This subject should be one of perennial interest, because in every move the physician makes in behalf of the mother or child, he is shaking the dice of death with fate, and at every throw some one of the dice has the word "death" written across it.

CURRENT MEDICAL LITERATURE.

THE DISEASES OF SOCIETY (The Vice Problem). By C. FRANK LYDSTON, M.D., Member of the London Society of Authors, etc. Published by J. B. LIPPINCOTT COMPANY, Philadelphia and London.

Just now, when thinking men are becoming peculiarly alive to the great importance of solving the question: "What shall we do with our criminals and degenerates:" this book, written by a physician and presenting a masterly study of the problem, is peculiarly timely and interesting. The author says: "The work is not a treatise on sociology, criminology, criminal anthropology, penology, nor yet upon that latest omnibus to which some assign all moral or psychic aberrations, degeneracy, but is intended to comprehend all of these subjects in so far as they bear upon social disease in its various deviations."

In a series of chapters on such subjects as "social pathology," "the principles of evolution in their relation to criminal sociology and anthropology," "the etiology of social diseases in general," "the chemistry of social disease," "anarchy and crime," "sexual vice and crime," "the race problem in its relation to sexual vice and crime," "the treatment of vice and crime," "genius and degeneracy," "the psychic characteristics of the criminal," and "the therapeutics of social disease with special reference to crime," he gives a most interesting and thorough study of the subjects treated.

All who think must realize how inadequate are our means of dealing with vice in so far as reforming the criminal is concerned and how entirely our usual methods, judged by results, may be considered as antiquated, unsatisfactory and insufficient.

The chapters are well written and will repay the student who will read and study them carefully.

We may not agree with all the author says, and we may not even endorse all his conclusions, but we cannot fail to acknowledge that he has written a timely work upon a very living subject, and can have no hesitation in recommending its perusal to all intelligent men and women, but especially to the physician who sees so much of degeneracy and its results, and to the members of the legal fraternity whose professional life brings them in such close relation with the criminal and his doings.

The style is clear and graphic, the argument as a rule convincing, and the conclusions reached fair and legitimate. We congratulate the author upon producing so excellent a work, and we cordially recommend every one interested in social questions to read, mark, learn and inwardly digest the immense amount of material for

serious thought contained in it. It is peculiarly gratifying that such a treatise should come from the brain and pen of a member of the medical profession.

❦

CONSUMPTION: Its Relation to Man and his Civilization; Its Prevention and Cure. By JOHN BESSNER HUBER, A. M., M. D., Fellow of the New York Academy of Medicine; Member of the National Association for the Study and Prevention of Tuberculosis, etc., etc. Published by the J. B. LIPPINCOTT COMPANY, Philadelphia and London.

Dr. Huber's book is so comprehensive in its scope that it does not lend itself readily to review. It is intended to meet the needs of everybody who desires knowledge on the subject, and it provides an immense amount of information, dealing with every conceivable aspect of the question. The first part of the volume is devoted to general considerations, including a short chapter on evolution and consumption, one on ancestry, the present life, posterity, one on the psychic element, one on the part taken by consumptives in literature and the arts, and one on the history of consumption. Part two deals with the specific cause of tuberculosis, and discusses not only the bacillus and the avenues of infection, but also the relation between human and bovine tuberculosis, as well as latency and immunity. Part three is given up to a discussion of the various conditions which predispose to tuberculosis; part four to the sociological aspect of the question; part five to the home. The next three parts consider prevention, the cure, and the means of cure, respectively. In parts nine and ten the principle sanatoria of America and Europe are described.

The sanatorium and its adjuncts, administrative measures, and non-governmental activities, form headings for the three succeeding parts, which are replete with most valuable suggestions. Then follow a scientific resume, a sociological resume, and a number of useful appendices.

The volume contains 536 pages, is well printed and excellently illustrated. It is an unusually attractive work, being written in a bright and readable style, free from unnecessary technicalities, practical, plain-spoken, but cheerful and optimistic. It is a book which one may, without hesitation, place in the hands of a layman, and one which should be carefully perused by all who are interested in the present day crusade against tuberculosis.

❦

Messrs. the W. B. Saunders Company, Philadelphia and London, have just announced the publication of the following new medical works:

THE TECHNIQUE OF OPERATIONS UPON THE INTESTINES AND STOMACH. By DR. GOULD. Price, cloth. $5.00.

PREVALENT DISEASES OF THE EYE. By DR. SAMUEL THEOBALD. Price, cloth, $4.50.

MANUAL OF HISTOLOGY AND ORGANOGRAPHY. By DR. CHAS. HILL. Price, flexible leather, $2.00.

The same firm also announce the issue of a new edition of Text Book of Obstetrics by Dr. Barton Cooke Hirst. Price, cloth, $5,00.

PERSONALS.

DR. M. A. MACAULAY, of Halifax, was married on the 19th. inst., to Miss Juanita McDonald, daughter of John McDonald, of Truro. The NEWS extends congratulations and best wishes.

Dr. A. T. Fuller, of Vancouver, was married on the 29th. of August, to Miss Louise McC. Dunham, daughter of Mr. C. B. Dunham, manager of the Western Union Cable office, at Canso. The NEWS extends congratulations.

Dr. H. M. Stanfield, of Truro, left recently for an extended tour through the West. We learn with much regret that the doctor's health is not good, and that he may determine to remain in the West.

Dr. Geo. A. Hetherington, of St. John, has recently completed a special course on diseases of the nervous system and of the mind. He has again taken up practice in St. John, intending to devote himself more particularly to these special branches.

Dr. Hugh Cameron, of Mabou, N.S., has of late contributed some suggestive articles to the lay press on the subject of education, in which he urges that less pressure should be put upon the younger pupils than the present curriculum demands.

Dr. Alex W. Miller, of Neil's Harbour, was married on the 17th inst. to Miss Emma Doyle, daughter of Matthew Doyle, of Margaree Forks. The *News* extends congratulations and best wishes.

Dr. John Stewart will have the warmest sympathy of every member of the profession in his present bereavement. On the 19th inst. he lost his aged mother, a most estimable lady, who passed to her rest sincerely mourned by all who had the good fortune of acquaintanceship with her.

OBITUARY.

DR. R. B. M. WILEY died at Andover, N. B., on the 3rd of September. He was forty-five years of age and leaves a wife and two sons. Dr. Wiley graduated from Jefferson Medical College in 1890. He had an extensive practice at Andover, and owing to his many sterling qualities, his death will be a great loss to the community.

Captain Louis P. Farrel, I. M. S.—Much regret is felt at the death of Dr. Farrell, which occurred on the 12th inst., at Satara, Bombay, where he was in charge of the hospital. He was the second son of the late Dr. Edward Farrell, and possessed many of the qualities which so endeared his father to everyone. Graduating at Dalhousie in 1899, he became M. R. C. S., Eng., and L. R. C. P. London, in 1901. He joined the Indian medical service and was assigned to duty in Somaliland. Two years ago he was home on sick leave, having contracted fever, but he returned to India in much improved health, and took up work in Satara. While it was known that he was not in robust condition, nothing so serious was suspected by his friends, and the news of his death came as a great shock. We extend our deepest sympathies to the members of his family.

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Another Phase of the Proprietary Question.—There is at least one phase of the proprietary question which we believe has not been seriously considered, and that is, that while every effort is being made by some of our earnest and really conscientious, though misguided, workers to destroy the faith of the profession in practically all remedies of this class, and to bring them into ridicule, practically nothing has been done to provide

satisfactory substitutes for them, except to make the suggestion—an excellent one, too—that physicians should familiarize themselves with the official and semi-official preparations contained in the Pharmacopœia and National Formulary.

In making this suggestion they forget to add that a very large share of these "official" preparations are old proprietaries under other names. In other words, the great "reform" consists in the denunciation of such remedies as antiphlogistine, arsenauro, bromidia, lactopeptine, Fellows' hypophosphites, antikamnia and Hayden's viburnum compound, while the use of practically the same things under other names is suggested or advised. In some instances the very formulas are used that proprietors have published or that analytical chemistry has elucidated.

There is a reason for the popularity of the proprietaries. Whether many of these were "wonderful discoveries" or not, they have enabled the average physician to secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly poly-pharmacal. All doctors ought to be able to do this, but they are not—and whose fault is it? And even if they were, who but the sheerest crank would

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BY

JOHN A. HALE, M.D.,
Alto Pass, Ill.

FOR years I used various remedies and met with varing success, until tiring of one remedy after another, I relied solely on Potassium Permanganate in weak solutions as a nasal douche, but a review of some points in this paper will show why I always sought for something else. Glyco-Thymoline has usurped the place of the permanganate solution in my armamentarium, and after sufficient trial, established faith, implicit faith, in its specific therapeusis for this condition. A knowledge of its essential constituents and their therapeutic action only tends to strengthen a belief in its specificity. Caution is necessary in the selection and use of remedies, but a fair trial has proven no untoward inconvenience emanating from the use of this remedy. Meanwhile the therapeutic results are gratifying and the good effect of Glyco-Thymoline can be easily be verified by a trial, when conclusions will be the result of practical truths only.

claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withal so satisfactory as many of the best type of the proprietaries? It is best to look all these facts squarely in the face and be sensible in our conclusions.—(*Clinical Medicine*).

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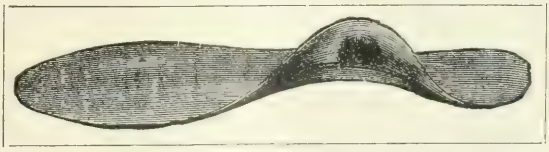

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W. M. FISK, M. D., Lecturer in Histology.
H. B. YATES, M. D., Lecturer in Bacteriology.

FELLOWS.

MAUDE E. ABBOTT, B. A., M. D., Fellow in Pathology.

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The Collegiate Course of the Faculty of Medicine of McGill University begins in 1906, on Septempter 19th, and will continue until the beginning of June, 1907.

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THIRTY-SEVENTH SESSION, 1906-1907

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H. McD. HENRY, Justice Supreme Court; Emeritus Professor of Medical Jurisprudence.
GEORGE L. SINCLAIR, M. D., Coll. Phys. and Surg., N. Y.; M. D., Univ. Hal.; Emeritus Professor of Medicine.
JOHN STEWART, M. B., C. M., Edin.; Emeritus Professor of Surgery.
DONALD A. CAMPBELL, M. D., C. M.; Dal.; Professor of Medicine and Clinical Medicine.
A. W. H. LINDSAY, M. D., C. M; Dal.; M. B., C. M.; Edin.; Professor of Anatomy.
F. W. GOODWIN, M. D., C. M.; Hal. Med. Col.; L. R. C. P.; Lond.; M. R. C. S., Eng.; Professor of Pharmacology and Therapeutics.
M. A. CURRY, M. D., Univ. N Y.; L. M., Dub.; Professor of Obstetrics and Gynæcology and of Clinical Medicine.
MURDOCK CHISHOLM, M. D., C. M.; McGill; L. R. C. P., Lond.; Professor of Surgery and of Clinical Surgery.
NORMAN F. CUNNINGHAM, M. D., Bell. Hosp. Med. Coll.; Professor of Medicine.
G. CARLETON JONES, M. D., C. M., Vind.; M. R. C. S., Eng.; Prof. of Public Health.
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GEO. M. CAMPBELL, M. D., C. M., Bell. Hosp. Med. Coll.; Prof. of Pathology and Diseases of Children.
W. H. HATTIE, M. D., C. M., McGill; Professor of Mental Diseases.
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M. A. B. SMITH, M. D., Univ. N. Y.; M. D., C. M., Vind., Professor of Clinical Medicine, Applied Therapeutics, Class Instructor in Practical Medicine.
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THOS. W. WALSH, M. D., Bell. Hosp. Med. Coll.; Adjunct Professor of Obstetrics.
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JOHN McKINNON, LL. B., Legal Lecturer on Medical Jurisprudence.
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E. V. HOGAN, M. D., C. M., McGill; L. R. C. P. & M. R. C. S., Eng.; Professor of Clinical Surgery and Associate Professor of Surgery.
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J. J. DOYLE, M. D., C. M., McGill; Junior Demonstrator of Anatomy.
J. R. CORSTON, M. D., C. M., Dal.; Junior Demonstrator of Histology.

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E. McKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.
————————, Lecturer on Botany at Dalhousie College.
————————, Lecturer on Zoology at Dalhousie College.
JAMES ROSS, M. D., C. M., McGill, Lecturer on Skin and Genito-Urinary Diseases.
A. S. MACKENZIE. Ph. D.; Prof. of Physics at Dalhousie College.
E. D. FARRELL, M. D., C. M., Dal.; Lecturer on Clinical Surgery

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(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Anatomy.
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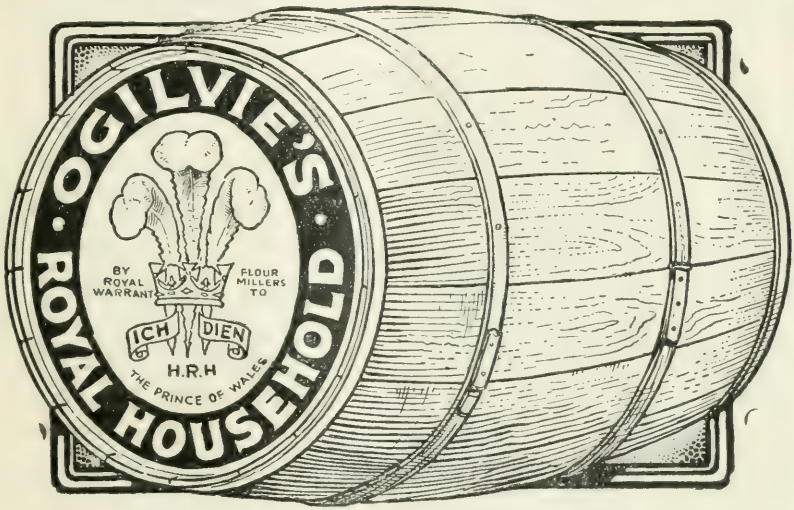

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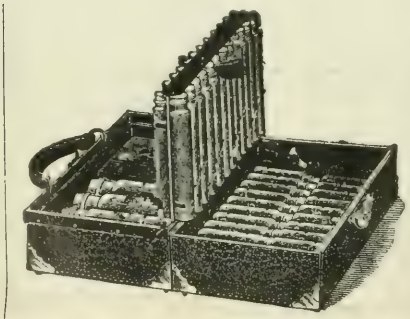

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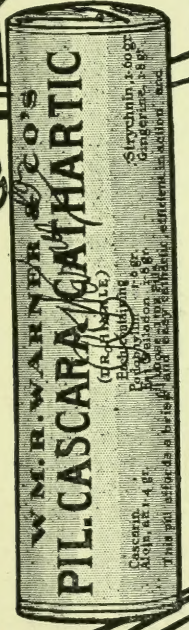

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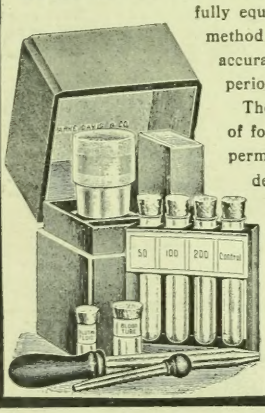

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